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## \*BIBDATASHEET\*

CONFIRMATION NO. 3768

Bib Data Sheet

<b>SERIAL NUMBER</b> 09/340,338	<b>FILING OR 371(c) DATE</b> 06/25/1999 <b>RULE</b>	<b>CLASS</b> 424	<b>GROUP ART UNIT</b> 1615	<b>ATTORNEY DOCKET NO.</b> 1581/120	
<b>APPLICANTS</b> SPIROS FOTINOS, ATHENS, GREECE;					
<b>** CONTINUING DATA *****</b> This appln claims benefit of 60/090,674 06/25/1998					
<b>** FOREIGN APPLICATIONS *****</b>					
<b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED</b> <b>** 07/19/1999</b>					
Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance Verified and Acknowledged _____ Examiner's Signature _____ Initials _____		<b>STATE OR COUNTRY</b> GREECE	<b>SHEETS DRAWING</b> 1	<b>TOTAL CLAIMS</b> 38	<b>INDEPENDENT CLAIMS</b> 3
<b>ADDRESS</b> 20311					
<b>TITLE</b> DEVICE AND METHOD FOR THE TREATMENT OF ERECTILE DYSFUNCTION					
<b>FILING FEE RECEIVED</b> 2534	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit		